

HOLDER REPORT FORM

☐ **NEGATIVE REPORT** (CHECK IF NOTHING TO REPORT)

INFORMATION ABOUT HOLDER

1. Holder Name _____ Tax ID# _____
(YOUR COMPANY NAME) (FEDERAL EMPLOYER IDENTIFICATION NUMBER)
- d/b/a Name _____
(IF ANY)
2. Mailing Address _____ City _____ ST _____ Zip _____
(YOUR COMPANY ADDRESS)
3. Contact Person _____ Title _____
(NAME & TITLE OF PERSON WHO SUPPLIED INFORMATION)
4. Phone (____) _____ Ext _____ Email _____
(TELEPHONE NUMBER & EMAIL ADDRESS FOR CONTACT PERSON)
5. State of Incorporation _____ Type of Business _____
6. Does this report include: (A) All branches and divisions? ☐ Yes ☐ No (B) All subsidiaries? ☐ Yes ☐ No

FOR OFFICE USE ONLY

HID _____ RID _____
REPORT YR _____
AMT \$ _____ #SHS _____
CK# _____ / _____ / _____

INFORMATION ABOUT PROPERTY YOU ARE REPORTING

Period _____ to _____
(ENTER THE PERIOD COVERED BY THIS REPORT)

TANGIBLE PROPERTY (Stocks, Mutual Funds, and Safekeeping Contents)

Number of Shares of Stocks or Mutual Funds (Reported & Remitted) _____

Number of Safe Deposit Box Contents/Safekeeping Items _____
(THESE ITEMS MUST BE DELIVERED TO THE STATE ON JUNE 1 AFTER FILING THE REPORT)

INTANGIBLE PROPERTY (Bank Accounts, Outstanding Checks, Gift Obligations, etc.)

Total Number of Items Reported _____ Total Dollar Amount Reported \$ _____

Amount of 40% Deduction \$ _____
(FOR GIFT OBLIGATIONS & STORED VALUE CARDS ONLY)

Total Dollar Amount Remitted \$ _____
(MAKE CHECK PAYABLE TO TREASURER, STATE OF MAINE)

DATA DELIVERY FORMAT ☐ Email _____ ☐ CD-ROM ☐ Other _____
(DATE EMAIL WAS SENT)

VERIFICATION

State of _____ County of _____

I, _____, swear that I have prepared or have caused to be prepared, and have examined this report as to property presumed unclaimed under 33 M.R.S.A. Ch. 41. I am duly authorized to execute this verification by the holder and by law. To the best of my knowledge and belief said report is true, correct, and complete.

Signature

Title